



DIVISION OF VOCATIONAL REHABILITATION (DVR)

**APPLICATION FOR
VOCATIONAL REHABILITATION SERVICES**

1. SOCIAL SECURITY NUMBER	2. APPLICANT'S FIRST NAME			MIDDLE INITIAL	LAST NAME
3. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	4. BIRTHDATE		5. COUNTY		
6. STREET ADDRESS		CITY		STATE	ZIP CODE
7. TELEPHONE NUMBER (INCLUDE AREA CODE) <input type="checkbox"/> Fax <input type="checkbox"/> TTY					
8. I CURRENTLY RECEIVE: <input type="checkbox"/> SSDI <input type="checkbox"/> SSI - Disabled					
<p>I hereby apply to the Division of Vocational Rehabilitation (DVR) for services that will enable me to achieve an employment outcome.</p> <p>I understand that consistent with Title IV of the Civil Rights Act of 1964, and Washington State Laws, against discrimination, the Washington State Department of Social and Health Services prohibits discrimination based on a person's race, color, creed, religion, sexual orientation, disabled veteran status, Vietnam Era veteran status, national origin, sex, disability, or age in all of its programs and services.</p> <p>I also understand that, in accordance with WAC 388-890-1180, if at any time I am dissatisfied with any decision made by DVR, I have the right to contact the Client Assistance Program, the right to request mediation and the right to request a formal hearing.</p> <p>Please check the following boxes if appropriate:</p> <p><input type="checkbox"/> Discrimination complaint procedures and Client Assistance Program (CAP) services were described to me.</p> <p><input type="checkbox"/> I understand that a DVR counselor must determine whether or not I am eligible for Vocational Rehabilitation Services. An assessment may be needed to determine eligibility and I am available to participate in that assessment.</p> <p><input type="checkbox"/> The opportunity to register to vote was offered to me.</p> <p><input type="checkbox"/> I authorize DVR to disclose the required information to DSHS client registry system. This information will assist your counselor in coordinating services with other DSHS divisions. This information includes: Name; social security number; birthdate; gender; ethnic background; current treatment agency/facility.</p>					
SIGNATURE OF APPLICANT/PARENT/GUARDIAN				APPLICATION DATE	
TO BE COMPLETED BY DIVISION OF VOCATIONAL REHABILITATION (DVR) STAFF ONLY					
DVR STAFF ASSIGNED TO APPLICANT					